CI.	٨Ι	K/I C	: 0	N	ΙY
	ΑI	IVI T	$\circ$	V I	ᆫᅵ

AS FILED

Indep

Depend

CLAIMS

Total

indep

Total

Depend Total

Claims

AFTER FIRST

**AMENDMENT** 

Depend

Indep

AFTER SECOND

**AMENDMENT** 

Depend

Indep

**Application Number** Applicant(s)

Filing Date

Total

Claims